

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000075615

FILED
Jul 21, 2011
Secretary of State

Entity Name: EDITORIAL GANESHA AMERICA LLC

Current Principal Place of Business:

9761 W. BAY HARBOR DR.
BAY HARBOR ISLAND, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9761 W. BAY HARBOR DR.
BAY HARBOR ISLAND, FL 33154 US

New Mailing Address:

FEI Number: 27-3082772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MANRIQUE, MIGUEL A
9761 W BAY HARBOR DR
BAY HARBOR ISLAND, FL 33154 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIGUEL MANRIQUE

07/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD
Name: MANRIQUE, MIGUEL A
Address: 9761 W. BAY HARBOR DR.
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: MGRM
Name: VALENTINI, PANFILO V
Address: 9761 W. BAY HARBOR DR.
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: MGRM
Name: PEREZ, ARHAN
Address: 9761 W. BAY HARBOR DR.
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: MGRM
Name: COLL, DAVID
Address: 9761 W. BAY HARBOR DR.
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: MGRM
Name: PACHECO, CARLOS
Address: 9761 W. BAY HARBOR DR.
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIGUEL A. MANRIQUE

PD

07/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date